

## Sponsoring Organization



### National Laboratory Training Network

*A training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).*

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Chicago, IL 60612  
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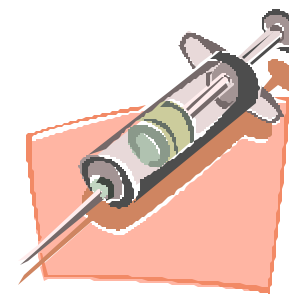


## Continuing Education

Continuing education credit will be offered, based on 2 contact hours of instruction.

**National Laboratory Training Network**  
2121 West Taylor St  
Chicago, IL 60612

## Bloodborne Pathogen Compliance



## The New Needlestick Safety and Prevention Act

A Self-Study Program

Sponsored by

**National Laboratory Training Network**



and

**AudioNet International, LLC**

In cooperation with

**University of Wisconsin**

## Program Description

Needlestick and sharps injuries have been the leading cause of bloodborne pathogen transmission in healthcare workers. In 1991 OSHA issued the Bloodborne Pathogen Standard, which did institute safer work practices. The number of reported needlestick injuries has not decreased appreciably and nearly 400,000 exposure incidents continue to occur each year. The new needlestick law, which became effective April 18, 2001, requires the employer to evaluate, adapt and implement safer sharps devices. This program will highlight the steps your facility must take to comply with the new requirements and will also provide a review of the Bloodborne Pathogen Standard. No travel is required to attend! You can participate at work or at home, using a speakerphone and the Internet.

### Who should attend?

This program is appropriate for healthcare providers including: laboratory personnel, nurses, physicians, pharmacists, physician assistants, nursing home personnel, physician office managers, and administrators.



### Presenter

**Michelle Mecklenborg Hill, MT(ASCP)** has spent more than 20 years as a licensed medical technologist in the clinical laboratory, including supervisory, research and teaching experience. In addition, she is a Specialist in Laboratory Safety (ASCP) and also a Certified Laboratory Consultant (AMT). Ms Hill has been working as an independent technical consultant with physician office laboratories and clinics since 1993.

## Objectives

At the conclusion of this workshop, participants will be able to:

- Recognize risk factors for acquiring bloodborne pathogens in healthcare settings.
- Summarize the requirements of the Needlestick Safety and Prevention Act and its revisions.
- Review types of safer sharps devices.
- Describe a process for selecting an appropriate safer sharps device and evaluating it over time.
- Review safety practices related to sharps injuries.

## Program Agenda

This **two**-hour program will review Bloodborne Pathogens and The Needlestick Safety and Prevention Act, and the process for selection and evaluation of appropriate safer sharps devices for your facility.

This program is a Self-Study AudioNet Program. It can be utilized at anytime. Once registered, a participant will receive a PIN number which will allow them access to the program. The participant will dial a phone number to hear the audio portion of the program on the telephone and will view the presentation slides on the Internet.

## Registration

Program registration fee is \$35.00 per person.

## How to Register

(MW3804)

- Complete the application form below.
- Make a \$35.00 check payable to **APHL** (Association of Public Health Laboratories) or complete the credit card authorization form on the application form.
- Register by mail or fax as follows:

**Mail** completed application form and payment (either check or credit card form) to:

NLTN Registration  
2121 W Taylor St  
Chicago, IL 60612  
Attn: Kim Davis

OR, **fax** completed application form and credit card payment information to:  
312-793-3304.

### Questions?

Please call 312-793-3306.



# National Laboratory Training Network Registration Form

From Approved  
OMB No. 0920-0017  
Exp. Date 06/30/06

(Please type or print.)

<b>Training Event Title:</b> Bloodborne Pathogen Compliance The New Needlestick Safety and Prevention Act		
<b>Event Code:</b> MW3804	<b>Date:</b> Self-Study Program	<b>Location:</b> AudioNet
<b>Applicant Information</b>		
(Dr./Mr./Miss./ Ms./Mrs.)	First Name:	M.I. Last Name:
Employer's Name:		Position Title:
Mailing Address: (Please specify, Employer's or your Home address?)		
City	State/Country	Zip/Postal Code
Work Phone Number:		Work Fax Number:
E-mail Address: (E-mail future training event notifications? Please circle, YES or NO.)		
Signature of Applicant:		Date:

(Please review all options in the three categories before circling the one most appropriate in each category.)

## Occupation

Physician	01
Veterinarian	02
Laboratorian	04
Nursing Professional	05
Sanitarian	06
Administrator	08
Safety Professional	11
Educator	13
Epidemiologist	14
Environmental Scientist	15
Other _____	12

## Type of Employer

Health Department (State or Territorial)	01
Health Department (Local, City or County)	03
Government (Other Local, not City or County)	04
Centers for Disease Control and Prevention	05
U.S. Food and Drug Administration	09
U.S. Department of Defense	11
Veterans Administration Medical Center/Hospital	12
Other (Federal Employer) _____	15
Foreign	16
College or University	19
Private Industry	21
Private Clinical Laboratory	23
Physician's Office Laboratory/Group Practice	24
Hospital (Private Community)	17
Hospital (Other)	33
State Funded Hospital	25
City or County Funded Hospital	26
Health Maintenance Organization	28
Non-profit	31
Unemployed or Retired	32
Other _____	30

## Education Level (Highest Completed)

Degree	
Associate	04
Bachelor	05
Masters	06
Doctoral (M.D.)	07
Doctoral (Other than M.D.)	08
Technical/Hospital School	09
Some College	03
High School Graduate	02
Some High School	01
Other _____	10

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process the training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary.

Public reporting burden for this collection of information is estimated to average five minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ASTDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017), CDC-321 (Rev.6/17/03)

## REGISTRATION FEE: \$35.00

- ☐ Enclosed is a check or money order payable to APHL (Association of Public Health Laboratories).
- ☐ Bill my credit card.    ☐ Visa    ☐ MasterCard    ☐ American Express

Card Holder's Name	Card Number
Address	Expiration Date
City, State, Zip	Amount of Payment
Signature	Date

Please submit this registration form by mail or fax (312-793-3304) to:

**National Laboratory Training Network, Attn: Kim Davis**

**2121 West Taylor St, Chicago, IL 60612    Questions? 312-793-3306 or [kdavis@idph.state.il.us](mailto:kdavis@idph.state.il.us)**